

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** INNCARE OF MINOCQUA II (611039)

**Address:** 8730 PACKING PLANT ROAD, MINOCQUA, WI 54548

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1998

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0093796      **End Date:** 11/15/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093360      **End Date:** 09/02/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009330    Served 09/23/2004

Deficiencies Cited  
83.32(2)(a)

Subject Area  
INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance  
Verified

Corrected

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STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 09/23/2004      **SOD #**10009330      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.32(2)(a)

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**Complaint History**

**Date Complaint Received: 09/20/2004**

**Date Investigation Completed: 11/15/2004**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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